

# 48-Hour Notice

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Amendment

☐ Yes ☒ No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

<b>1. Committee Information</b>			
<b>a. Full Name</b>		<b>c. ID Number</b>	
Committee to Elect Tammy Aldridge		5J6417	
<b>b. Mailing Address (include City, State and Zip Code)</b>		<b>d. Report Date</b>	
1939 Poors Ford Rd Rutherfordton, NC 28139		6/10/14	
		<b>e. Phone Number</b>	
		828-247-0249	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
Kay H. Aldridge 174 Eastview Drive Bostic, NC 28018			
<b>b. Type of Contributor</b>		<b>b. Type of Contributor</b>	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)		<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
<b>b1. Type of Committee</b>		<b>b1. Type of Committee</b>	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <u>Rutherford</u>		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>	<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>
Retired			
<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>	<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>
	Check		
<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
05/05/2014	\$ 1,000.00		\$
<b>e. Account Code</b>	<b>g. Election Sum to Date</b>	<b>e. Account Code</b>	<b>g. Election Sum to Date</b>
1	\$ 2,113.50		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$	
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
Kelly Hudson Printed Name of Signer		6-10-14 Signature of Appointed Treasurer Date	